

DHMH MEMORANDUM OF UNDERSTANDING

REQUEST FOR COMPRESSED WORK SCHEDULE

The following conditions govern participation in the DHMH compressed workweek schedule:

1. Annual and sick leave earned is based on the employee's E.O.D. date and the number of hours worked, employees using leave are charged for their normal workday (i.e. 4, 8, 9, 10, 12).
2. Holiday leave is earned at the rate of 8 hours per holiday if the employee is 100%. When taken, it will be charged at the rate of 8 holiday leave hours and the remainder charged to accrued annual, personal, or compensatory time.

In the event the holiday occurs on the employee's scheduled day off, they may elect to take the holiday another day in the pay period or accrue compensatory time the same as a floating holiday, which must be used within one year.

3. The number of hours of personal leave granted will be 48 hours annually for a full-time employee or pro-rated based on percentage of employment.
4. All other leave (e.g. military, jury, interview, etc.) will be granted in accordance with established regulations.
5. Compensatory time/overtime payment are unaffected by a compressed work schedule, with the exception of 24-7 employees will be converted to a 40/40 overtime method of payment if on approved compressed workweek.
6. Employees are encouraged to use their day off whenever possible to accommodate such things as routine medical appointments, personal business, etc.
7. An employee or management has the right to discontinue the use of the Compressed work schedule provided a written 2-week notice is given to terminate the schedule. Any employee abusing the privileges of this program will be returned to a 5-day week.
8. If there is adverse impact on the Department, the program may be terminated at any time.

I have read the above and have had the opportunity to ask questions, and consent to participate in the compressed workweek on pay period beginning: _____

Employee Signature

Date

REQUESTED COMPRESSED WORKWEEK SCHEDULE

Please circle the option you are requesting and fill in requested information

Option 1: 4 days per week at 10 hours per day bi-weekly

Work hours: _____ to _____

Day off each week: _____

Option 2: Week 1-5days per week for 8 hours per day and
Week 2- 4 days per week at 10 hours per day

Work hours: _____ to _____

Day off every other week: _____

Option 3: 8 – 9 hour days, 1-8 hour day and 1 day off every other week, use of
Option is only available to exempt employees

Work hours: _____ to _____

Day off every other week: _____

Option 4: 4 days per week at 9 hours per day and 1 day per week at 4 hours per day

Work hours: _____ to _____

Half day off each week: _____

Option 5: 3 days per week at 12 hours per day and 1 day per week at 4 hours per
day, use of this option is only available to 24-7 employees.

Employee's Signature

Date

Approved: _____

Disapproved: _____

Supervisor's Signature

Date

Approved: _____

Disapproved: _____

Appointing Authority's Signature

Date